

Date:

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Department of Environmental Protection - Bureau of Safe Drinking Water Implementation
401 East State Street - P.O. Box #426
Trenton, New Jersey 08625-0426
Tel # 609-292-5550 – Fax #609-292-1654

## Public Education Certification Form – Lead Action Level Exceedance

Requirements Pursuant to 40 CFR Part 141.85

\*\*This form and a copy of your Public Education materials must be submitted to the State within 10 days of issuance. \*\*

PWSID#:	Water System Name:		
Lead Result at the 90th Percentile:			
Monitoring Period:  January–June	July-December	June-September	Year
Population:			

## Please check all that apply and provide information as indicated below:

1.		Developed written public education (brochure or pamphlet) containing the following required
eleme	ents:	

Language in paragraphs	(a)(1)(i) through	(ii) and	(a)(1)(vi) c	of 40 CFR Part	141.85
Evplanation of what lead	is				

- Explanation of what lead is
- Explanation of possible sources of lead and how it enters the drinking water
- Explanation of other sources of lead (i.e. paint)
- Steps consumers can take to reduce their exposure to lead in drinking water
- Explanation of why there are elevated levels of lead in the system's drinking water (if known)
- and what the system is doing to reduce lead levels in the homes and buildings in the area Community Water Systems only:



- Information on how someone can have their water tested for lead
- Discussion of lead in plumbing components and the difference between low lead and lead free
- 2. Distributed the written public education within 60 days of the end of the monitoring period in which the lead ALE occurred by the following required method(s):

Community Water Systems:

- Provided to all bill paying customers
- Contacted local health agencies directly by phone or in person
- Provided to the following organizations within the water system's service area:
- Public and private schools or school boards
- Women, Infants and Children (WIC) and Head Start Programs
- Public and private hospitals and medical clinics
- Pediatricians
- Family planning clinics
- Local welfare agencies
- Provided to the following organizations within and around the water system's service area:
- Licensed child care centers
- Public and private preschools
- Obstetricians-Gynecologists and Midwives

Date Distributed:

## **Continuation of Public Education Certification Form – Lead Action Level** Exceedance

Nor

Nontra	ansient Noncommunity Water System:		
	Posted informational posters in a public p	blace or common area in each	building of the system
	Provided to each person served by the w		0 9
	Date Distributed:	5	
Ques 3.	tions 3 through 6 for Community Water Systems Provided required language under 40 CFR Par		
	Date Distributed:		
*Note level.	The language must be included in water bills quart	erly as long as the system exc	eeds the lead action
4. 100,0	Posted information under 40 CRF Part 141.85( 00 or more Date Posted:	a) on system website for those	e systems serving
*Note delive	<ul> <li>Submitted a press release to newspapers, telease to new</li></ul>	ve to submit a press release a the system chose this option, omit a press release and inste	please indicate below.
6.	<ul> <li>Performed three of the following additional outr</li> <li>Public Service Announcement</li> <li>Paid advertisement</li> <li>Public area information display</li> <li>Email customers</li> <li>Public meetings</li> <li>Household deliveries</li> <li>Targeted individual customer contact</li> <li>Direct material distribution to all multi-fam</li> <li>Other method approved by the Bureau of Outreach activity:</li> </ul>	hily homes and institutions Safe Drinking Water impleme County Regional Manager:	entation
*Note	If the system serves < 3,300 people it may conduc Date Completed:	t one of the above outreach ac	ctivities.
7.	Attach a copy of ALL public education mate	erial to this certification form	1.
	ublic water system named above hereby certifie Imers in accordance with all delivery, content, a 5.		
Owne	r/Operator:		
	(Signature)	(Print Name)	(Phone Number)

Date of Certification: \_\_\_\_\_